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REMOVAL OF A FOREIGN BODY THAT HAS BEEN PRESENT IN THE AIRWAYS FOR A PROLONGED PERIOD.

Abstract. Foreign bodies in the airways constitute a complex clinical condition. Timely diagnosis is essential to prevent complications. Bronchoscopy under general anaesthesia or local anaesthesia has its own specific features and is applied strictly on a case-by-case basis.

Keywords: foreign body, bronchi, bronchoscopy.

Introduction. Bronchoscopy remains an effective method for both the diagnosis and treatment of various pathological conditions of the respiratory system. In the clinical practice of the emergency medical centre, both rigid and fibre-optic bronchoscopy are used for the debridement of the tracheobronchial tree in patients in intensive care units, and as a diagnostic tool in cases of pulmonary haemorrhage, the presence of mass lesions, and tracheal stenosis of various aetiologies.

Investigative methods. The role of bronchoscopy—both rigid and flexible—is invaluable in cases where patients of various ages have aspirated foreign bodies into the airways.

Staff at the endoscopy department of the Andijan branch of the Republican Centre for Emergency Medical Care (AF RCNEMC) have gained considerable experience in removing various objects from the airways of patients of all ages, including coins and safety pins, plastic bottle caps, food items such as corn kernels or seeds, and much more.

Results of the study. In this report, we wish to share our experience of removing a foreign body from a 62-year-old patient presenting with a chronic inflammatory condition of the respiratory tract, who had repeatedly received both inpatient and outpatient treatment over the three months prior to admission, without success.

The patient presented at the AF RNCEMP on 10 June 2026 with complaints of shortness of breath on exertion, a cough with brown-coloured sputum, occasional haemoptysis, and a rise in body temperature to febrile levels. The patient does not attribute the condition to any specific cause; he states that the symptoms arose whilst he was otherwise in good health. He had repeatedly received anti-inflammatory treatment on an outpatient and inpatient basis. Two days prior to admission, a chest X-ray was performed, which revealed the presence of a foreign body in the airway region. A multi-detector CT scan of the chest was performed, revealing a foreign body of metallic density in the projection of the left lower lobe bronchus.

Following the patient's admission to hospital, a tracheobronchofibroscopy was performed under local anaesthesia using a 2 per cent solution of lidocaine hydrochloride. This revealed the presence of a foreign body in the left lower lobe bronchus, causing complete obstruction of the bronchial lumen, with granulation tissue growing around it. The foreign body was removed, albeit with some technical difficulty; it turned out to be a fragment of an apricot stone that was tightly lodged against the wall of the lower lobe bronchus. Following its removal, repeated debridement of the tracheobronchial tree was carried out. A chest fluoroscopy was performed – no foreign body was visible, the lung fields were clear, and the sinuses were unobstructed.

Following the removal of the foreign body, the patient received anti-inflammatory treatment via nebuliser therapy; over time, the symptoms of pulmonary disease improved significantly – body temperature returned to normal, shortness of breath disappeared, and the volume of coughing decreased considerably – the sputum was mucous.

In retrospect, the patient admitted to having a fondness for various nuts, including salted apricot stones; it appears that at some point the patient inhaled a fragment of a stone, following which signs of airway inflammation developed.

Conclusion. Thus, foreign bodies in the airways require a full examination, followed by tracheobronchofibroscopy, removal and subsequent anti-inflammatory treatment.

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